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# FACSIMILE COVER SHEET

**TO:** Examiner Francis Jaworski, Patent Office

**AT:** USPTO, GAU 3737, CP2, 4-C14

**FAX NO.** 1-703-305-3579

**FROM:** W. Brinton Yorks, Jr.

**DATE:** September 9, 1998

No. of pages to follow cover sheet

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**Group 3700**

[illegible]

Message: Re: U.S. Serial No. ~~08/943,546~~ 08 1 123 483  
Petition and Amendment After Allowance Under 37 CFR  
\$1.312

**FAX RECEIVED**  
**SEP 09 1998**  
**Group 3700**

PTO/SB/17 (1/96)

Approved for use through 9/30/2000. OMB 0661-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**FEE TRANSMITTAL**

Patent fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

**TOTAL AMOUNT OF PAYMENT** (\$)**130.00****Complete If Known**

Application Number	08/723,483
Filing Date	September 27, 1996
First Named Inventor	Michalakakis Averkiou
Examiner Name	F. Jaworski
Group / Art Unit	3737
Attorney Docket No.	ATL 139

**METHOD OF PAYMENT (check one)**

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number	23-1131
Deposit Account Name	ATL Ultrasound

- ☐
- Charge Any Additional Fee Required Under 37 CFR 1.18 and 1.17
- ☐
- Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance

- 2.
- ☐
- Payment Enclosed:
- 
- ☐
- Check
- ☐
- Money Order
- ☐
- Other

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 790	201 395	Utility filing fee	
106 330	206 165	Design filing fee	
107 540	207 270	Plant filing fee	
108 790	208 395	Reissue filing fee	
114 150	214 75	Provisional filing fee	

**SUBTOTAL (1)** (\$)**2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20**	X	
Multiple Dependent	-3**	X	

\*\*or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
103 22	203 11	Claims in excess of 20	
102 82	202 41	Independent claims in excess of 3	
104 270	204 135	Multiple dependent claim, if not paid	
109 82	209 41	** Reissue independent claims over original patent	
110 22	210 11	** Reissue claims in excess of 20 and over original patent	

**SUBTOTAL (2)** (\$)**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for reexamination	
112 920*	112 920*	Requesting publication of SIF prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIF after Examiner action	
115 110	215 55	Extension for reply within first month	
116 400	216 200	Extension for reply within second month	
117 950	217 475	Extension for reply within third month	
118 1,510	218 755	Extension for reply within fourth month	
128 2,080	228 1,030	Extension for reply within fifth month	
119 310	219 155	Notice of Appeal	
120 310	220 155	Filing a brief in support of an appeal	
121 270	221 135	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,320	241 660	Petition to revive - unintentional	
142 1,320	242 660	Utility issue fee (or reissue)	
143 450	243 225	Design issue fee	
144 670	244 335	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	130.00
123 50	123 50	Petitions related to provisional applications	
126 240	126 240	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 790	246 395	Filing a submission after final rejection (37 CFR 1.129(a))	
149 790	249 395	For each additional invention to be examined (37 CFR 1.129(b))	

Other fee (specify) \_\_\_\_\_

Other fee (specify) \_\_\_\_\_

**SUBTOTAL (3)** (\$)**130.00**

\* Reduced by Basic Filing Fee Paid

**SUBMITTED BY**Typed or Printed Name **Frederick J. McKinnon**Signature *Frederick J. McKinnon*Date **9-9-98****Complete (if applicable)**Reg. Number **28,240**

Deposit Account User ID

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